

HOUSING REHABILITATION BENEFIT DATA SYSTEM
(Single-Family Owner-Occupant)

Applicant Name/number	Unit Address	Family size	LMI (Y/N)	Demographic Codes (w/Number)*	Application Date	Service Provided	CDBG Funds	Other Funds	Total Funds	Grant/ Loan	Work Completed
(SAMPLE) R. J./ # HA 001	25 Elm St.	4	Yes	4W, 2E, 1F, 1D	10/15/00	Rehab	\$7250	\$1000	\$8250	Grant	11/30/00
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*** Demographic Codes:**

(Insert codes after applicable number of household members - i.e. 4W)

W = White A = Asian E = Elderly F = Female B = Black/African American AI = American Indian/Alaskan Native

D = Severely disabled FH = Female Head of Household NH = Native Hawaiian/Other Pacific Islander

AW = Asian & White AIW = American Indian/Alaskan Native & White BW = Black/African American & White

AIB = American Indian/Alaskan Native & Black/African American

HOUSING REHABILITATION PROJECT OCCUPANCY BENEFIT DATA SYSTEM

(Tenant/Multi-Family Occupancy)

Unit Address	Family Name/ File No.	Family size	LMI	Demographic Code* (w/ Numbers)	Application Date	Type of Work	CDBG Funds	Other Funds	Total Funds	Grant/ Loan	Tenant Before Rehab	Tenant After Rehab	Monthly Rent Before Rehab	Monthly Rent After Rehab	Date of Displacement Notice
(SAMPLE) 12 Elm Street Apt. #1	Smith # 008	5	Yes	5B,2F,1D	10/15/00	Rehab	\$15,000	\$3,000	\$18,000	Grant	Smith	Smith	\$450	\$450	10/25/00
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PUBLIC SERVICE BENEFIT DATA SYSTEM

Client Name/number	Family size	LMI	Non-LMI	Demographic Codes (w/Number)*	Application Date	Service Provided	CDBG Funds	Other Funds	Total Funds	Service Completed
(SAMPLE) R. Jones # PS 001	4	X		4W, 2E, 1F, 1D	10/15/00	Job Training	\$250	\$100	\$350	11/30/00
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JOB CREATION BENEFIT DATA SYSTEM

CDBG Economic Development Programs

Name of Business: _____

Employee Number/Name	Job Title Created/Retained	Date of Hire	Full-time	Part-time (50% of Full Time)	LMI	Non-LMI	Demographic Code *
TOTAL:							

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Signature of Company CEO/Official